

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/28/03.

## **I. DISPUTE**

Whether there should be reimbursement for a consultation (CPT 99244) on 11/4/02. The respondent denied this code with 'F'-reduced according to Fee Guideline.

## **II. RATIONALE**

- The report submitted for review stated this was an orthopedic consultation, referred by \_\_\_\_\_. After the physical examination, diagnosis and objective findings with recommendations, the consulting doctor gave the patient prescriptions, two medications and a '3-part extension splint that is spring loaded for his PIP joint.' The time noted spent with the patient was one (1) hour.
- The respondent's denial on the EOB stated "reimbursement was denied...the provider charged for a consultation subsequent to rendering treatment, either by this provider or by a provider in the same medical group..."
- A telephone call to the requestor confirmed that \_\_\_\_\_ is not in a 'medical group' and that the 'splint' was not administered in his office.
- The report submitted for review supports delivery of a consultation. Per the 1996 Medical Fee Guideline, Evaluation & Management/Ground Rule, IX (A), the CPT code 99244 used by the requestor met the requirements for reimbursement. Amount due per MFG for CPT code 99244 is \$148.00.

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99244. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$148.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23<sup>rd</sup> day of January 2004.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

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